PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other	Than An Auth	orized Comm	ittee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR F	PRINT ▼	Example: If to		12FE4M	5	
, WOMEN SPEAK O	UT PAC						
ADDRESS (number and stree		rlington Mill Dr.					
▼ Check if different	PO Box 8	03					
than previously reported. (ACC)	Arlington				VA _	22206	
2. FEC IDENTIFICATION	I NUMBER ▼	CIT	Y 🛦		STATE A	ZIP CC	DDE 🛦
C C00530766			THIS EPORT	NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Mon Repo	ort On:	20 (M2) x	May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:			20 (M3) 20 (M4)	Jun 20 (M6) Jul 20 (M7)		20 (M9) 20 (M10)	(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Repo	rt (Q1) (c)						
July 15 Quarterly Repo		12-Day PRE-Election Report for the:	Primary (General (Runoff (12R)
October 15 Quarterly Repo	rt (Q3)	•	<u> </u>	` ,		,	
January 31 Year-End Repo	rt (YE)	Election	n on	/ D D /	Y Y Y Y Y	in the State of	of
July 31 Mid-Ye Report (Non-el- Year Only) (MY	ection (d)	30-Day POST-Election Report for the:	General ((30G)	Runoff (3	90R)	Special (30S)
Termination Re (TER)	port	Election	ı on	/ D = D /	Y " Y " Y " Y	in the State of	of
5. Covering Period	04 / 01	2022	throug	nh 04	30 /	2022	
I certify that I have examine			my knowledge aı	nd belief it is tr	ue, correct and	d complete.	
Type or Print Name of Trea	Gross, Je surer	ennifer, , ,					
Signature of Treasurer	Gross, Jennifer, , ,		[Electroni	cally Filed] [Date 05	19 /	2022
NOTE: Submission of false, e	rroneous, or inco	mplete information	may subject the	person signing t	his Report to th	ne penalties of 52	U.S.C. § 30109
Office Use Only						FEC FOR Rev. 05/2	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name WOMEN SPEAK OUT PAC 04 01 2022 04 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 546135.12 January 1. 2022 (b) Cash on Hand at 2483371.96 Beginning of Reporting Period..... 220076.00 2170016.53 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 2716151.65 2703447.96 6(a) and 6(c) for Column B)..... 1339.42 14043.11 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 2702108.54 2702108.54 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 193423.68 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMEN SPEAK OUT PAC

port Covering the Period: From:	01 2022 To	o: 04 30 / 2022			
I. Receipts	I. Receipts COLUMN A Total This Period				
` '					
(i) Itemized (use Schedule A)	1000.00	1511733.89			
(ii) Unitemized	187.00	1497.00			
Lines 11(a)(i) and (ii)	, 1187.00	1513230.89			
	0.00	0.00			
(such as PACs)	218889.00	656667.00			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	220076.00	2169897.89			
	0.00	0.00			
All Loans Received	0.00	0.00			
· ·	0.00	0.00			
(Carry Totals to Line 37, page 5)	0.00	0.00			
	0.00	0.00			
·					
Transfers from Non-Federal and Levin Funds	0.00	118.64			
(from Schedule H3)	0.00	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disburse		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures (a) Allocated Federal/ 	Non-Federal		Jaionaa Tour to Dute
Activity (from Sche	'	0.00	0.00
(i) Federal Share	······	0.00	0.00
, ,	Share	0.00	0.00
(b) Other Federal Ope Expenditures	erating	1339.42	14043.11
(c) Total Operating Ex	penditures	100	4404044
add 21(a)(i), (a)(ii) 2. Transfers to Affiliated/C), and (b))	1339.42	14043.11
Committees	•	0.00	0.00
 Contributions to Federal Candidates/Co and Other Political Cor 	mmittees mmittees	0.00	0.00
Independent Expenditu			
(use Schedule E) 5. Coordinated Party Exp (52 U.S.C. § 30116(d))	enditures	0.00	0.00
(use Schedule F)		0.00	0.00
6. Loan Repayments Mad	le	0.00	0.00
7. Loans Made 8. Refunds of Contribution	ns To:	0.00	0.00
(a) Individuals/Person Than Political Con	s Other nmittees	0.00	0.00
(b) Political Party Con	nmittees	0.00	0.00
(c) Other Political Cor	mmittees	0.00	0.00
(d) Total Contribution		0.00	0.00
` '	(b), and (c))	0.00	0.00
9. Other Disbursements (Including		
Non-Federal Donations		0.00	0.00
D. Federal Election Activit (a) Allocated Federal (from Schedule He	•		
	<u>'</u>	0.00	0.00
(ii) "Levin" Share (b) Federal Election A	ctivity Paid	0.00	0.00
	eral Funds	0.00	0.00
	a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (a	1 1		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1339.42	14043.11
. Total Federal Disburse (subtract Line 21(a)(ii)			
from Line 31)		1339.42	14042 44
,	· L	1000.72	14043.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 220076.00 2169897.89 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 220076.00 2169897.89 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 1339.42 14043.11 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 1339.42 14043.11 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	6	OF	16	
(c	he	ck only	or	ne)					
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		13		14		15	16	6	17

	ly information copied from such Reports and State for commercial purposes, other than using the n							
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC							
Α.	Full Name of Individual (Last, First, Middle Initial Dobrzenski, Frank, , ,	l) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 5304 Sapphire Springs Drive		04 01 2022					
	City	State NC	Zip Code	Transaction ID : SA11AI.42859				
	Knightdale	27545-7585	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer (for Individual) Expedient Resource Services	Occup: Princip	ation (for Individual) pal	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00					
В.	Full Name of Individual (Last, First, Middle Initia Hegeman, Carmen, B., ,	l) or Full Org	anization Name	Date of Receipt				
	Mailing Address 809 La Cruz Drive		_	04 10 2022				
	City El Paso	State TX	Zip Code 79902-1720	Transaction ID : SA11AI.42862				
	FEC ID number of contributing federal political committee.	C	73302 1720	Amount of Each Receipt this Period 100.00				
	Name of Employer (for Individual) Self Employed	Occup Attorn	ation (for Individual) ey	Memo Item				
		Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify) ▼	4	400.00					
_	Full Name of Individual (Last, First, Middle Initia	l) or Full Org	anization Name	D. (D.)				
C.	Minks, Rachel, , , Mailing Address 17024 Barium Street Northwest			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.42868				
	Andover	MN	55304-1623	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) Capstone Homes	1 '	ation (for Individual) or of Community & Culture	Memo Item				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify)		1000.00					
s	UBTOTAL of Receipts This Page (optional)		·····	500.00				
Т	OTAL This Period (last page this line number on	ly)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FO	PAGE		7	OF	16			
(check only one)								
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	13	14		15		16		17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		
Full Name of Individual (Last, First, Middle I Savard, Kathleen, , , Mailing Address 1232 Grant Street City Wilmette FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 60091-1329 C Occupation (for Individual) Retired Aggregate Year-to-Date 500.00	Date of Receipt 19 2022 Transaction ID: SA11AI.42869 Amount of Each Receipt this Period 500.00 Memo Item
Full Name of Individual (Last, First, Middle I Mailing Address City	nitial) or Full Organization Name State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Occupation (for Individual) Aggregate Year-to-Date ▼	Amount of Each Receipt this Period Memo Item
Full Name of Individual (Last, First, Middle I Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line numbe	er only)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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ganization Name												

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	ny information copied from such Reports and Si for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC						
Α.	Full Name of Individual (Last, First, Middle Init RESTORATION PAC	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 1901 BUTTERFIELD ROAD STE. 120		Tay and	04 25 2022			
	DOWNERS GROVE	State IL	Zip Code 60515	Transaction ID : SA11C.42855 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C C005	71588	218889.00			
	Name of Employer (for Individual)	Employer (for Individual) Occupation (for Individual)					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 656667.00				
В.	Full Name of Individual (Last, First, Middle Init Mailing Address	ial) or Full Org	anization Name	Date of Receipt			
	City	State	Zip Code				
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer (for Individual)	Occup	eation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼				
С .	Full Name of Individual (Last, First, Middle Init	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼				
5	SUBTOTAL of Receipts This Page (optional)			218889.00			
Т	OTAL This Period (last page this line number of	only)	>	218889.00			

17

Use separate schedule(s) Check only one) Check	SCHEDULE B (FEC Form 3X)	I llaa aanarata aahadula(a) I			NUMBER: PAGE 9 OF 16			
Detailed Summary Page	ITEMIZED DISBURSEMENTS	MIZED DISBURSEIVIEN IS for each entergory of the (enterty)			·			
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in PLII) WOMEN SPEAK OUT PAC Full Name (Last, First, Middle Initial) A. Anedot, Inc Mailing Address 1340 Poydras Street Suite 1770 City New Orleans Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Distort Full Name (Last, First, Middle Initial) B. Denton US LLP Mailing Address 1900 K Street NW City Washington Pripose of Disbursement Logil Fees Candidate Name Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Transaction 10 : \$8218.42874 Amount of Each Disbursement Logil Fees Candidate Name Category/ Type Transaction 10 : \$8218.42874 Amount of Each Disbursement this Period Pripose of Disbursement Logil Fees Candidate Name Category/ Type Transaction 10 : \$8218.42874 Amount of Each Disbursement this Period Transaction ID : \$8218.42874 Amount of Each Disbursement Date of Disbursement Memo Item FEC Identification Number Category/ Type Type Office Sought: Purpose of Disbursement Date of Disbursement Inis Period Type Type Date of Disbursement Date of Disbursement Inis Period Type Primary Date of Disbursement Date of		Detailed	Summary Page					
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NAME OF COMMITTEE (in Full) WOMEN SPEAK OUT PAC Full Name (Last, First, Middle Initial) Anedot, Inc Mailing Address 1340 Poydras Street Suite 1770 City New Orleans Purpose of Disbursement Credit Gard Processing Fees Candidate Name Office Sought: House Disbursement For: Sonate Primary General Purpose of Disbursement Disbursement Disbursement City Washington Disbursement Disbursement Candidate Name Office Sought: House Disbursement Disbursement City Washington Disbursement Legal Fees Candidate Name Disbursement Candidate Name Disbursement Legal Fees Candidate Name Disbursement City Washington Disbursement Legal Fees Candidate Name Disbursement City Washington Disbursement City Washington Disbursement Candidate Name Disbursement City State District State: District District District State District								
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Suite 1770 City	A. Anedot, Inc							YY
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Cradic Card Processing Fees Candidate Name Category/ Office Sought: House President Other (specify) ▼ State President Preside	New Orleans					ntification N	umber	_
Cardidate Name Office Sought: House Senate Primary General Primary General Processory Type Mailing Address 1900 K Street NW Office Sought: House Disbursement For: Sanate President State Zip Code Washington DC 20006 Purpose of Disbursement Legal Fees Gandidate Name Office Sought: House Disbursement For: Sanate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Sanate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Sanate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Sanate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Other (specify) General President State: Disbursement For: Sanate President State: District: Memoritem Number Category/ Type Other (specify) Memoritem Number Category/ Number Number Category/ Number Number Number Category/ Number	Credit Card Processing Fees					saction ID	: SB21R 428	76
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Denton US LLP Mailing Address 1900 K Street NW City Washington DC 20006 Purpose of Disbursement Legal Fees Candidate Name Disbursement District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House President Other (specify) Mailing Address City State Disbursement For: 1260.00 Mailing Address City State Zip Code Primary General Other (specify) Date of Disbursement by President Disbursement this Period Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement For: 1260.00 Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: 1260.00 Mailing Address City State Zip Code Purpose of Disbursement this Period Office Sought: House Disbursement Primary General President Other (specify) Memo Item State: District: Memo Item 1295.77	Candidate Name				-		sbursement th	nis Period
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Candidate Name Category/ Type							00010 123	-1
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State: District: Other (specify) Memo Item				71		7	120	60.00
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substock Amount of Each Disbursement this Period Memo Item 1295.77		•						
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Subtotal of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Other (spe	ecny)		Men	no Item		
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Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Candidate Name	Amount	of Each Dis	sbursement th	nis Period			
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State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)		•				7- 1	7- "	
SUBTOTAL of Disbursements This Page (optional)		Other (spe	ecify) 🔻		Men	no Item		
ADDE 77	Side. District.							
TOTAL This Paried (feet page this line number only)	SUBTOTAL of Disbursements This Page (optional)			·····•		7	12	95.77
	TOTAL This Posted (last respectively)						12	95.77

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 16

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.9700 WOMEN SPEAK OUT PAC Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc. Memo Item Primary General Mailing Address 2776 S. Arlington Mill Dr. Other (specify) ▼ PO Box 803 State City ZIP Code 22206 Arlington VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 77452.55 77452.55 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 30 11 2017 11/30/2021 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 77452.55 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 16

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.13439 WOMEN SPEAK OUT PAC Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc. Memo Item Primary General Mailing Address 2776 S. Arlington Mill Dr. Other (specify) ▼ PO Box 803 City State ZIP Code 22206 Arlington VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10118.58 10118.58 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 30 11 2018 11/30/2022 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 10118.58 TOTALS This Period (last page in this line only)..... 87571.13 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

16

AME OF COMMITTEE (In Full) VOMEN SPEAK OUT PAC			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
Denton US LLP			Legal Fees
Mailing Address 1900 K Street NW			
City	State	Zip Code	
Washington	DC	20006	
Outstanding Balance Beginning This Period			Transaction ID : SD10.39259
18576.50			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
1680.00		1260.00	18996.50
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):
Media Bridge			Estimate digital ads
Mailing Address 11300 Astarita Ave			
City	State	Zip Code	
Partlow	VA	22534	
Outstanding Balance Beginning This Period			Transaction ID: SD10.15740
2000.00			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2000.00
C. Full Name (Last, First, Middle Initial) of Debtor Susan B Anthony List, Inc.	or Creditor		Nature of Debt (Purpose): Existing Loan owed to SBA
Mailing Address 2776 S. Arlington Mill Dr. PO Box 803			
City Arlington	State VA	Zip Code 22206	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4157
10500.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	10500.00
0.00	7	0.00	10000.00
			31496.50
SUBTOTALS This Period This Page (optional)		>	31490.30
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number of			31430.30
	only)	>	31430.30

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

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	X	10

16

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 State Zip Code Arlington VΑ 22206 Transaction ID: SD10.4110 Outstanding Balance Beginning This Period 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5204.43 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.6625 8610.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 8610.00 18814.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expense put on SBA CC Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington VΑ 22206 Transaction ID: SD10.6756 Outstanding Balance Beginning This Period 4709.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4709.73 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on Susan B Anthony List, Inc. SBA Card Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.9222 1894.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1894.83 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Supplies Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.15960 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 200.00 6804.56 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 15 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Travel Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington VΑ 22206 Transaction ID: SD10.15958 Outstanding Balance Beginning This Period 27.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 27.90 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Salary / Contractor Pay Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.39334 4324.16 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4324.16 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Fees Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.41208 4950.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4950.00 9302.06 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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16 OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailer Production- Tradewinds See Schedule Susan B Anthony List, Inc. Mailing Address 2776 S. Arlington Mill Dr. PO Box 803 State Zip Code Arlington VA 22206 Transaction ID: SD10.41901 Outstanding Balance Beginning This Period 15000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Direct Mail Targeted Creative Communications, Inc. Mailing Address 106 South Columbus St City State Zip Code Alexandria 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.42878 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 24435.00 24435.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 39435.00 1) SUBTOTALS This Period This Page (optional)..... 105852.55 2) TOTALS This Period (last page this line number only)..... 87571.13 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 193423.68 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶